

## Parental Consent when making a case for an Education, Health and Care Plan

We are sending you this form because we have written to you to say that we are considering an Education, Health, Care (EHC) Assessment of your child's special educational needs.

At present, there has been no decision to carry out an EHC assessment. Your views will help in deciding whether there should be an assessment.

You can let us know your views in any way you like.

- You can use this form
- You can write to us in some other way
- You can talk to someone who will record your views

If you want someone from the Authority to help you write down your views, then please contact the Named Officer mentioned in our letter.

You may prefer to talk to someone you already know, such as a member of school staff, a psychologist, a doctor, a social worker, someone from a voluntary organisation, or a friend. They could then help you write down your views.

We suggest that you keep a copy of what you write if you can.

**Once complete, please return by email to [senmas@stoke.gov.uk](mailto:senmas@stoke.gov.uk) or by post to:**

SENMAS  
Stoke-on-Trent City Council  
Hazel Trees  
Duke Street  
Fenton  
Stoke-on-Trent  
ST4 3NR

### Details of child:

**Name:**

**Any alternative name:**

**Date of birth:**

**Home language:**

**Address:**

**Details of all people with parental responsibility:**

**Parent/carers name and title:**

**Address, if different from above:**

**Relationship to child:**

**Telephone number at home:**

**Telephone number at work:**

**E-mail address:**

**Parent/carers name and title:**

**Address, if different from above:**

**Relationship to child:**

**Telephone number at home:**

**Telephone number at work:**

**E-mail address:**

**Parent/carers name and title:**

**Address, if different from above:**

**Relationship to child:**

**Telephone number at home:**

**Telephone number at work:**

**E-mail address:**

**Do you understand what an EHC assessment of special educational needs means?**

Yes, I understand / No, I would like more explanation before we go any further (please select)

**If you understand what an EHC assessment means, do you want us to go ahead with the assessment and give consent to your child seeing the community doctor and an educational psychologist as a necessary part of the EHC assessment?**

Yes, I agree / No, I do not agree (please select)

**Please list the views or information about your child that you think we should bear in mind in considering whether to make an EHC assessment.**

**You will get an opportunity to give detailed advice later if an assessment goes ahead.**

**Please sign below to indicate that you understand this form and give your consent as set out above.**

**Name:**

**Signature:**

**Date:**